Asbestos Licensing Section Here 800/572-5548 or 512/834-6610 Do Not Write In This Box - For Health Department Use Only Date Received: Remittance #: Amount Received: Date Reviewed: \_\_\_\_\_ Date Approved: Fiscal Year: Date Postmarked: License Number: \_\_\_\_\_Initials Date Mailed: Initials Date Issued: **Asbestos Worker Registration Application** A license is required for asbestos workers in accordance with 25 TAC §295.31-73. The annual fee of \$30 must accompany the application. Send a cashiers check or money order payable to the "Texas Department of Health -7C790-178." **DO NOT SEND CASH OR PERSONAL CHECKS**. Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be processed until all necessary documentation has been provided. LICENSE FEES ARE NON-REFUNDABLE. Enter your current license/registration number: Expiration Date: Social Security # (optional) Applicant Name Date of Birth: (month, day, year) Telephone Number Mailing Address Company Affiliation (if any) Telephone Number Zip Code Company Address State CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any forged or fraudulent documents in order to obtain a license. All information I have provided is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC \$552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section, under TAHPR, 25 TAC §295.35 (a), to verify my identity.

Place

Photo

PO Box 141097

Austin, Texas 78714-1097

Texas Department of Health

Signature of Applicant

Toxic Substances Control Division

Date

## The following documentation is required, in accordance with §295.42(e) of the Texas Asbestos Health Protection Rules:

If your license has expired for more than 180 days you will be considered a new applicant. You will need to submit #3. **Initial license:** please provide all of the following except item #2.

**If renewing:** please provide all of the following except item #1.

If your license has expired for more than 6 months you will be considered a new applicant. You will need to provide #3.

	1. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos worker initial course.
	2. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos worker refresher course.
3	3. Submit a copy of applicants original and all subsequent refresher certificates of training from a Department-approved training provider for the asbestos worker course
	4. Applicant's who completed, out-of-state training must submit a copy of a 3-hour Texas law training course certificate.
	5. A copy of the training course identification card with a visible photo.
(	3. A 1" x 1" photograph of the face.
	7. A physician's written opinion, submitted on the Texas Department of Health's "Physician's Written Statement" form only, of a physical examination performed within the past twelve (12) months in accordance with 40 CFR §763.121(m) (EPA) and 29 CFR §1926.1101(m) (OSHA) concerning physical examinations for asbestos workers.
8	3. A visible copy of the documents required on the attached Form I-9 (Rev. 11-21-91) N, to establish identity.
	The applicant shall provide either one document from list "A" or a combination of two documents, one each, from lists "B" & "C".
(	<ol><li>Copies of any notices of violation and citations issued by the Texas Department of Health, if renewing, only within the last year.</li></ol>

## **IMPORTANT**

- \* If your application is complete, allow a *minimum* of three weeks for processing after being received by the licensing section.
- \* Within 30 days of receipt of your application a Deficiency Notification will be sent if additional documentation is required or errors are contained in your application. From the date of the Deficiency Notification you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].
- \* If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at <a href="https://www.tdh.state.tx.us/beh/asbestos">www.tdh.state.tx.us/beh/asbestos</a> or (800)572-5548 or (512)834-6610.
- \* Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

## PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <a href="http://www.tdh.state.tx.us">http://www.tdh.state.tx.us</a> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <a href="http://www.tdh.state.tx.us">http://www.tdh.state.tx.us</a> para más información sobre la Notificación sobre privacidad. (Referencia: Government Code, sección 522.021, 522.023 y 559.004)

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Asbestos Licensing Program 7C790-178
Texas Department of Health
PO Box 141097
Austin, Texas 78714-1097